Mr. GREGG. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

MORNING BUSINESS

Mr. GREGG. Mr. President, I ask unanimous consent that there now be a period for morning business with Senators permitted to speak for up to 10 minutes each. I also ask unanimous consent that I be recognized for 20 minutes as the initial speaker.

The PRESIDING OFFICER. Without objection, it is so ordered.

The Senator from New Hampshire is recognized.

THREAT OF BIOLOGICAL ATTACKS

Mr. GREGG. Mr. President, I appreciate the courtesy of the Members who are in the Chamber and who are dealing with the State Department authorization bill and allowing me to proceed as in morning business as they address the issues surrounding that bill.

I wanted to raise an issue which I believe is of very high significance of how we deal with the threat of biological attacks. This has been an issue I have been involved in for a considerable amount of time, having authored the first bioshield bill as the chairman of the HELP Committee at the time.

Just weeks after September 11, anthrax attacks occurred in Florida, New York, and Washington. They killed five people, and they crippled the mail delivery system in several cities and required a cleanup that cost more than $1 billion. For all that, the President's Commission which just reported on weapons of mass destruction says we were lucky.

We cannot really know whether we were exclusively lucky or whether this was the result of responsible effort to prepare ourselves for the next attack that we have not been attacked again or in a worse way, but the facts remain that the threat continues. The President's Commission makes obvious the finding that biological weapons are cheaper and easier to acquire than nuclear weapons, and they could be even more deadly.

There is no question that if terrorists are able to get their hands on a weaponized biological agent, whether it is anthrax, small pox, botulism, or ebola, they will use it in a place where Americans gather in their daily lives. Whether it is a subway system as occurred in Japan or a building as occurred in the Capitol, it is these types of attacks—biological, chemical, and dirty bombs—that pose the greatest threat to our Nation.

The President's Commission, which released its report last Thursday, exposed the stark reality that our intelligence community may have underestimated the progress of terrorists and others in developing biological weapons. For example, in Afghanistan, investigators found evidence that after the war, al-Qaida had the capability to produce a virulent biological weapon identified only as ''agent X,'' which documents suggest was anthrax.

Much of the information we have on the development of biological weapons by terrorist groups and rogue nations is classified; however, it is no secret that Soviet scientists were working on engineering biological agents before the fall of the Soviet Union, including smallpox engineered to be totally lethal, a hybrid plague that is more resistant to vaccine, and a strain of anthrax resistant to seven different antibodies. Unfortunately, we have no assurance that all of these products which they were trying to develop have been destroyed. We are aware of some rogue countries that developed delivery systems such as anthrax-laced cigarettes and botulism-contaminated beer.

While the President's Commission finds the threat deeply troubling today, they foretell that it will be more tomorrow, when genetics modification techniques will allow creation of even worse biological weapons. These findings underscore that the threat posed to our national security from biological, chemical, radiological, and nuclear weapons is truly real and significant.

Even before the anthrax attacks here, we as a Congress recognized the need to enhance three critical enterprises or sectors in our country to better protect our people from attacks by biological agents: No. 1 the research enterprise, led by NIH and private researchers; No. 2 the biotechnology development and manufacturing sector, particularly vaccines but also other countermeasures such as drugs and devices; and No. 3 the broader health care delivery system, including physicians, hospitals, and public health departments here and abroad.

The first substantial effort, started before the anthrax attacks and completed in 2002, was the Bioterrorism Act of 2002, which dramatically increased funding for the Strategic National Stockpile so that a national pool of countermeasures, including those to protect against smallpox, could be maintained. It also dramatically improved our border protection authorities, particularly for food imports; protected our water supply; dramatically increased oversight of research labs that handled agents that could potentially be used in an attack; and committed substantial new resources to our state public health systems and hospitals to ensure improved surveillance and surge capacity. Institutionally, it also created a number of new Federal authorities to identify and develop and coordinate our response to a threat.

In 2003 and 2004, following the President's call and leadership, we passed the bipartisan Project BioShield Act to confront weaknesses in our ability to have the research enterprise speed results to us and to have FDA speed products to potential victims. Notably, we pre-funded a $5.6 billion account to assure the developers of countermeasures that if they delivered a product that protected this country from a biological attack then the Government would in fact have the resources to purchase that product and recognize their work.

Project BioShield recognized that we had very little on hand to address even the handful of agents that pose the greatest threat, such as smallpox, anthrax, botulism and plague. As a result, we have made valuable progress.

Our smallpox stockpile has grown from 90,000 doses of smallpox vaccine ready for use in 2001 to 300 million doses today. We have modified vaccinia Ankara, a next-generation smallpox vaccine that promises greater safety, in clinical testing and others in predevelopment. In addition, we have a new oral form of an antiviral drug cidofovir in advanced product development for use in the event of a smallpox attack and to treat the rare complications from the smallpox vaccine.

To combat anthrax, a new recombinant vaccine is in clinical testing and may need fewer doses than the classic vaccine, and the Department of Health and Human Services has contracted with VaxGen to purchase 75 million vaccine doses under BioShield. New anthrax therapies that can neutralize the anthrax toxin are also being developed, such as monoclonal and polyclonal antibodies.

To combat botulism, treatments for the toxin and a vaccine to prevent the disease are in development. And finally for Ebola a new vaccine is in development.

Project BioShield was a good start, but we must do more. As the authors of the Center for Biosecurity report note: The legislation represents a significant step for the government and demonstrates [its] seriousness [but] is only a necessary first step.

We have identified dozens of agents that could be used against our people, yet we still lack vaccines and treatments for some of the gravest biological and chemical threats, such as ricin, plague, and viral hemorrhagic fever. We still lack an antidote to sulfur mustard and nitrogen mustard—and those available for sarin and VX have significant limitations in their practical utility given the speed with which they need to be applied.

We are also not prepared to fight naturally occurring infectious diseases—such as avian flu—that could be equally as deadly and could be weaponized in the future. And experts in HELP testimony, as well as those responding to a